



SN 10/722,742 *IPW*

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Schedule A
	Filing Date	See Schedule A
	First Named Inventor	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000045069

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000045069

OR

<input type="checkbox"/> Firm or Individual Name					
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jerry A. Wilson				
Signature	<i>[Handwritten Signature]</i>				
Date	9-03-04		Telephone	740-498-6266	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

Schedule A

Serial no. 10/722,742 filed 11/25/2003

Serial no. 10/253,299 filed 09/24/2002